

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Van D</i>		04-04-01
O.I.P.E. CLASSIFIER			04/04/01
FORMALITY REVIEW	<i>MTB</i>	<i>ASU</i>	04/04/01
RESPONSE FORMALITY REVIEW	<i>SK</i>	<i>809</i>	9-24-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/17/02
2	✓	✓	4/1/03
3	✓	✓	8/19/03
4	✓	✓	12/20/03
5	✓	✓	7/16/04
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21	✓	✓	
22	✓	✓	
23	0	✓	
24	✓	✓	
25	✓	✓	
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45	✓	✓	
46	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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5/1/01  
617  
9-24-01